323 BLACK RIVER ROAD

WESTBY 54667 Phone: (608) 634-3747	7	Ownershi p:	Ci ty/County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	59	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	59	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	58	Average Daily Census:	58
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	25. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	51. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	22. 4
Day Services	No	Mental Illness (Org./Psy)	34. 5	65 - 74	1. 7		
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	34. 5	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	50.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	13. 8	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	İ	(Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	24. 1	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	6. 9			RNs	10. 9
Referral Service	No	Di abetes	3. 4	Sex	%	LPNs	6. 0
Other Services	No	Respi ratory	1. 7		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 1	Male	22.4	Aides, & Orderlies	38. 8
Mentally Ill	No	İ		Femal e	77.6		
Provi de Day Programming for		İ	100. 0		i		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	.		amily Care		l	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	1	100. 0	329	40	95. 2	93	0	0.0	0	14	100.0	127	0	0.0	0	1	100.0	259	56	96. 6
Intermedi ate				2	4.8	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		42	100.0		0	0.0		14	100.0		0	0.0		1	100.0		58	100.0

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31									
beachs builing Reporting Terrou] 		%	Needi ng		Total				
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One (r Two Staff	Dependent	Resi dents			
Private Home/With Home Health	7.4	Bathi ng	0.0		17. 2	82. 8	58			
Other Nursing Homes	33. 3	Dressing	15. 5		56. 9	27. 6	58			
Acute Care Hospitals	55. 6	Transferring	34. 5		41. 4	24. 1	58			
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 5		51. 7	32. 8	58			
Rehabilitation Hospitals	0.0	Eating	41. 4		46. 6	12. 1	58			
Other Locations	3. 7	*********	******	******	**********	********	******			
Total Number of Admissions	27	Continence		%	Special Treatm	ents	%			
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 4	Receiving Re	espiratory Care	5. 2			
Private Home/No Home Health	12.0	Occ/Freq. Incontinent	of Bladder	53. 4	Receiving Tr	racheostomy Care	0. 0			
Private Home/With Home Health	8.0	Occ/Freq. Incontinent	of Bowel	27. 6	Receiving Su	icti oni ng	0. 0			
Other Nursing Homes	0.0	_			Receiving 0s	stomy Care	3. 4			
Acute Care Hospitals	4. 0	Mobility			Receiving Tu	ıbe Feedi ng	3. 4			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	1. 7	Receiving Me	echanically Altered Diet	s 29.3			
Rehabilitation Hospitals	0.0									
Other Locations	12.0	Skin Care			Other Resident	Characteristics				
Deaths	64. 0	With Pressure Sores		1. 7	Have Advance	e Directives	96. 6			
Total Number of Discharges		With Rashes		13. 8	Medi cati ons					
(Including Deaths)	25				Receiving Ps	sychoactive Drugs	39. 7			

************************************ Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility	Ownershi p: Government Peer Group		50 Peer	Si ze: - 99 Group	Ski Peer	ensure: lled Group		lities
	%	% Ratio		%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County	98. 3 79. 3	87. 7 76. 7	1. 12 1. 03	85. 1 72. 2	1. 15 1. 10	84. 4 75. 4	1. 16 1. 05	84. 6 77. 0	1. 16 1. 03
Admissions from In-County, Still Residing	44. 4	28. 2	1. 58	20. 8	2. 13	22. 1	2. 01	20. 8	2. 14
Admissions/Average Daily Census	46. 6	91. 3	0. 51	111. 7	0. 42	118. 1	0. 39	128. 9	0. 36
Discharges/Average Daily Census	43. 1	92.8	0. 46	112. 2	0. 38	118. 3	0. 36	130. 0	0. 33
Discharges To Private Residence/Average Daily Census	8. 6	32.9	0. 26	42. 8	0. 20	46. 1	0. 19	52. 8	0. 16
Residents Receiving Skilled Care	96. 6	90.8	1.06	91. 3	1.06	91.6	1. 05	85. 3	1. 13
Residents Aged 65 and Older	100	88. 8	1. 13	93. 6	1. 07	94. 2	1.06	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	72. 4	67. 9	1.07	67. 0	1. 08	69. 7	1.04	68. 7	1. 05
Private Pay Funded Residents	24. 1	19. 7	1. 22	23. 5	1.03	21. 2	1. 14	22. 0	1. 10
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 9	0.00	0.8	0.00	7. 6	0.00
Mentally Ill Residents	37. 9	46. 1	0. 82	41.0	0. 92	39. 5	0. 96	33. 8	1. 12
General Medical Service Residents	24. 1	14.8	1.63	16. 1	1. 50	16. 2	1. 49	19. 4	1. 24
Impaired ADL (Mean)	57. 6	49. 7	1. 16	48. 7	1. 18	48. 5	1. 19	49. 3	1. 17
Psychological Problems	39. 7	56 . 1	0. 71	50 . 2	0. 79	50. 0	0. 79	51. 9	0. 76
Nursing Care Required (Mean)	7. 1	6. 7	1.06	7. 3	0. 98	7. 0	1. 01	7. 3	0. 97